Application No. 10/669,771
Paper dated February 4, 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Apple ation No.

10/669,771

Applicant

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Applicant

E. Stuart SAVAGE

Filing Date

September 24, 2003

Title:

PROCESS FOR DIRECT FILTRATION OF

WASTEWATER

Publication No.

:

2004/0060862 A1

Group Art Unit

1724

Examiner

Ivars C. Cintins

RECEIVED

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Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## THIRD-PARTY SUBMISSION IN PUBLISHED APPLICATION UNDER 37 C.F.R. §1.99

Sir:

Pursuant to the requirements of 37 C.F.R. §1.99, this submission includes the references cited on Form PTO/SB/08A herein.

This submission is for U.S. Patent Application No. 10/669,771, published on April 1, 2004, having a filing date of September 24, 2003. A copy of the reference listed on Form PTO/SB/08A is enclosed herein.

This submission is filed after two months from the date of publication of the application because the references could not have been submitted to the U.S. Patent and Trademark Office earlier.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on February 4, 2005.

Pauline J. Moyres

(name of person depositing papers or fees)

Signature

O2/04/2005

Date

Pursuant to 37 C.F.R. §1.99(b)(1) submitted herewith is the fee set forth in 37 C.F.R. §1.17(p) in the amount of \$180.00. Additionally, submitted herewith is the fee set forth in 37 C.F.R. §1.17(i) in the amount of \$130.00 as this Submission is being submitted after two months from the date of publication of the application. A copy of this Submission has been served on the agent of the applicants, Jo Katherine D'Ambrosio, by Express Mail to the address listed on the published application on February 4, 2005. An original and two copies are enclosed. The Examiner is requested to consider the material art submitted herewith.

Respectfully submitted,

WEBB ZIESENHEIM LOGSDON ORKIN & HANSON P.C.

By\_

John W. McIlvaine

Registration No. 34,219

700 Koppers Building 436 Seventh Avenue

Pittsburgh, PA 15219-1818

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| NFORM               | IATION I            | DISCLOS  | Application Number | 10/669,771             |                  |  |  |  |  |
|                     |                     | APPLIC   | Filing Date        | September 24, 2003     |                  |  |  |  |  |
| SIAILI              | ILINI DI            | AFT LIC  |                    | First Named Inventor   | E. Stuart SAVAGE |  |  |  |  |
| (use a              | s many sheets as ne | cessary) |                    | Group Art Unit         | 1724             |  |  |  |  |
| <b>,</b>            | <b>,</b>            | •        |                    | Examiner Name          | Ivars C. Cintins |  |  |  |  |
| Sheet               | 1                   | of       | 2                  | Attorney Docket Number | 1473-045379      |  |  |  |  |

|                     |          |        |                        | <b>U.S. PATENT DOCUM</b>                           | ENTS                                  |  |  |
|---------------------|----------|--------|------------------------|--|---------------------------------------|--|--|
| Examiner Cite No. 1 | Cite     |        | nt Document            | Name of Patentee or Applicant<br>of Cited Document | Date of Publication of Cited Document | Pages, Columns, Lines,<br>Where Relevant |  |
|                     | 140.     | Number | Kind Code <sup>2</sup> |  | MM-DD-YYYY                            | Passages or Relevant<br>Figures Appear   |  |
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|   | FOREIGN PATENT DOCUMENTS |                     |                     |                           |                                |                     |   |                |  |  |  |  |
|---|--------------------------|---------------------|---------------------|---------------------------|--------------------------------|---------------------|---|----------------|--|--|--|--|
| 1 | Cite                     | I                   | Foreign Patent Docu | ıment                     | Name of Patentee or            | Date of Publication | Pages, Columns, Lines,                                |                |  |  |  |  |
|   | No.1                     | Office <sup>3</sup> | Number <sup>4</sup> | Kind<br>Code <sup>5</sup> | Applicant of Cited<br>Document | of Cited Document   | Where Relevant Passages<br>or Relevant Figures Appear | T <sup>6</sup> |  |  |  |  |
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| Examiner  | Date       |  |
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<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>&</sup>lt;sup>1</sup>Unique citation designation number. <sup>2</sup>See attached Kinds of U.S. Patent Documents. <sup>3</sup>Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup>For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup>Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup>Applicant is to place a check mark here if English language Translation is attached.

Signature

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|                        | MATION [             | DISCLOS  | URE | Application Number     | 10/669,771         |  |  |  |
| STATE                  | MENT BY              | APPLIC   | ΔΝΤ | Filing Date            | September 24, 2003 |  |  |  |
| STATEMENT BY ALL EIGHT |                      |          |     | First Named Inventor   | E. Stuart SAVAGE   |  |  |  |
| (use                   | as many sheets as ne | cessary) |     | Group Art Unit         | 1724               |  |  |  |
|                        |                      |          |     | Examiner Name          | Ivars C. Cintins   |  |  |  |
| Sheet                  | 2                    | Of       | 2   | Attorney Docket Number | 1473-045379        |  |  |  |

|                    | OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS |   |                |  |  |  |  |  |  |  |
|--------------------|---|---|----------------|--|--|--|--|--|--|--|
| Examiner Initials* | Cite<br>No.1                                      | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, cite and/or country where published. | T <sup>2</sup> |  |  |  |  |  |  |  |
|                    | 1.  | INNERFELD ET AL.; "Dual Process High-Rate Filtration Of Raw Sanitary Sewage And Combined Sewer Overflows"; EPA-600/2-79-105, March 1979   |                |  |  |  |  |  |  |  |
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| Examiner           |   | Date  |                |  |  |  |  |  |  |  |

<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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<sup>&</sup>lt;sup>1</sup>Unique citation designation number. <sup>2</sup>See attached Kinds of U.S. Patent Documents. <sup>3</sup>Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup>For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup>Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup>Applicant is to place a check mark here if English language Translation is attached.

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| FEE TR   |                                     |                            |                     | is it is             | ation Number  | 10/669,77             |                                     |               |  |
|  | r FY 2                              | - 1                        | FEB 0 7 2005        | Filing I             |   | September             |                                     |               |  |
|  |                                     | 1000                       |                     | K.                   | lamed Inventor  | E. Stuart S           |                                     |               |  |
| Applicant claims s   | small entity s                      | tatus. See                 | CFR 1.27            | Art Un               | ner Name<br>nit   | Ivars C. C<br>1724    | intins                              |               |  |
| TOTAL AMOUNT O   | F PAYMEI                            |                            | MADEN               |                      | ey Docket No.   | 1473-0453             | 379 DECE                            | VED           |  |
| METHOD OF PAYM   |                                     |                            | y)                  |                      |   |                       |                                     |               |  |
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| X Deposit Account  | Deposit Acc                         | count Number:              | 23-0                | 650                  | Deposit Account   | t Name                | TC 17                               | 700           |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit carding formation and authorization on PTO-2038.  |                                     |                            |                     |                      |   |                       |                                     |               |  |
| FEE CALCULATION  | ١                                   |                            |                     |                      |   |                       |                                     |               |  |
| 1. BASIC FILING, SI  | EARCH, Al                           | ND EXAMI                   | NATION FEE          | s                    |   |                       | 40 1100                             |               |  |
|  |                                     | G FEES                     | SEARCH              |                      |   | TION FEES             | 3                                   |               |  |
| Application Type   | <u>S</u><br>Fee (\$)                | Small Entity Fee (\$)      | Sm<br>Fee (\$)      | nall Entity Fee (\$) | <u>S</u><br>Fee (\$)  | Small Entity Fee (\$) | Fees Pa                             | id (\$)       |  |
| Utility Utility  | 300                                 | 150                        | 500                 | 250                  | 200   | 100                   | <u></u>                             | 10 (4)        |  |
| Design   | 200                                 | 100                        | 100                 | 50                   | 130   | 65                    | -                                   |               |  |
| Plant  | 200                                 | 100                        | 300                 | 150                  | 160   | 80                    | -                                   |               |  |
| Reissue  | 300                                 | 150                        | 500                 | 250                  | 600   | 300                   |                                     |               |  |
| Provisional  | 200                                 | 100                        | 0                   | 0                    | 0   | 0                     |                                     | <del></del>   |  |
| Fee Description Each claim over 20 or, for Each independent claim Multiple dependent claim   | 2. EXCESS CLAIM FEES Small Entity   |                            |                     |                      |   |                       |                                     |               |  |
| <u>Total Claims</u><br>- 20 or   | -                                   | <u>a Claims</u><br>x       | <u>Fee (\$)</u>     | Fee raiu             | Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$) |                       |                                     |               |  |
| HP = highest number of t   |                                     |                            | than 20             |                      |   |                       |                                     |               |  |
| Indep. Claims  | Extr:                               | a Claims                   | Fee (\$)            | Fee Paid             | · (\$)  |                       |                                     | -             |  |
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| HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x = |                                     |                            |                     |                      |   |                       |                                     |               |  |
| 4. OTHER FEE(S)  |                                     |                            |                     |                      |   |                       |                                     | Fee Paid (\$) |  |
| Non-English Spec   | cification,                         | \$130 fee (                | (no small entity    | discount)            |   |                       |                                     |               |  |
| Other: Submissi<br>Fee Code  | ion of Inforn<br>e 1808 (\$130      |                            | sure Statement      | (\$180.00)           |   | \$180<br>\$130        |                                     | \$310.00      |  |
| SUBMITTED BY   |                                     |                            |                     |                      |   |                       |                                     |               |  |
| Signature  | 7/1                                 |                            |                     | Registrati           |   | т                     | Telephone 412-471                   | 1-8815        |  |
| Name (Print/Type)  | John W. McI                         | Ilvaine                    |                     | (Attorney            | /Agent)   | Г                     | Date Februar                        | ry 4, 2005    |  |

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|  | Effective on 12/08/2004.  Fees pursuant to the Consolidated Appropriations Act 201 (PR. 1818) |                     |                      |               |                                       | Complete if Known      |                          |                                       |  |  |
| FEE TR   |   | /(                  |                      | Applica       | ation Number                          | 10/669,7               | 771                      |                                       |  |  |
|  |   | /                   |                      | Filing I      | Date                                  | Septemb                | per 24, 2003             | - <del> </del>                        |  |  |
|  | r FY 2  |                     |                      |               | First Named Inventor E. Stuart SAV    |                        |                          |                                       |  |  |
| Applicant claims   | small entity s  | status. S           | CFR 1.27             | Examin        | Examiner Name Ivars C. Cintin         |                        |                          | ins                                   |  |  |
| TOTAL AMOUNT O   | E DAVME   | NT (\$)             | PADEMARIE            | Art Uni       | y Docket No.                          | 1724<br>1473-04        | 5370 DE                  | CEIVED                                |  |  |
|  |   |                     |                      | Attorne       | y Docket 140.                         | 1475-04                | 3317                     | VEIVEL                                |  |  |
| METHOD OF PAYM   |   | <del></del>         |                      |               | 0.1                                   |                        | API                      | R 0 5 2005                            |  |  |
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| X Deposit Account Deposit Account Number: 23-0650 Deposit Account Name  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) |   |                     |                      |               |                                       |                        |                          |                                       |  |  |
|  | -   |                     | rirector is hereby a | ithorized to: |                                       |                        | h -1                     | :: <i>6</i>                           |  |  |
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| FEE CALCULATION  | N   |                     |                      |               |                                       |                        |                          | 7 5 2005                              |  |  |
| 1. BASIC FILING, S   | EARCH, A  | ND EXAMIN           | NATION FEES          | ì             |                                       |                        | TC                       | 1700                                  |  |  |
|  |   | G FEES              | SEARCH               |               | EXAMINA                               |                        | 25                       |                                       |  |  |
| A 11 of Theory   |   | Small Entity        |                      | all Entity    | -                                     | Eng (C)                |                          | Paid (\$)                             |  |  |
| Application Type   | Fee (\$)  | Fee (\$)            |                      | Fee (\$)      | Fee (\$)                              | <u>Fee (\$)</u><br>100 | rees                     | raid (5)                              |  |  |
| Utility  | 300   | 150                 | 500                  | 250           | 200                                   |                        |                          | <del></del>                           |  |  |
| Design   | 200   | 100                 | 100                  | 50            | 130                                   | 65                     |                          | · · · · · · · · · · · · · · · · · · · |  |  |
| Plant  | 200   | 100                 | 300                  | 150           | 160                                   | 80                     |                          |                                       |  |  |
| Reissue  | 300   | 150                 | 500                  | 250           | 600                                   | 300                    |                          |                                       |  |  |
| Provisional  | 200   | 100                 | 0                    | 0             | 0                                     | 0                      |                          | _                                     |  |  |
| 2. EXCESS CLAIM  | FEES  |                     |                      |               |                                       |                        |                          | Small Entity                          |  |  |
| Fee Description  |   |                     |                      |               |                                       |                        |                          | Fee (\$) Fee (\$)                     |  |  |
| Each claim over 20 or, for   |   |                     |                      | _             | -                                     |                        |                          | 50 25                                 |  |  |
| Each independent claim   |   | for Reissues,       | each independer      | it claim mo   | ore than in the o                     | riginal pat            | ent                      | 200 100                               |  |  |
| Multiple dependent cla <u>Total Claims</u>   |   | a Claims            | Fee (\$)             | Fee Paid      | (\$)                                  | Multi                  | iple Dependent Claim     | 360 180                               |  |  |
| - 20 or  | · · · · · ·   | a Ciainis<br>X      | = =                  | rectaid       | 19)                                   | Fee (                  | -                        | <del>_</del>                          |  |  |
| HP = highest number of   |   |                     | than 20              |               |                                       |                        |                          | _                                     |  |  |
| Indep. Claims  | -   | a Claims            | Fee (\$)             | Fee Paid      | (\$)                                  |                        |                          |                                       |  |  |
| - 3 or l<br>HP = highest number of ind   |   | ns paid for, if gre | eater than 3         |               |                                       |                        |                          |                                       |  |  |
| 3. APPLICATION S   | ZE FEF  |                     |                      |               |                                       |                        |                          |                                       |  |  |
| If the specification   | and drawing   |                     |                      |               | cation size fee du<br>(a)(1)(G) and 3 |                        | (\$125 for small enti    | ty)                                   |  |  |
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| 4. OTHER FEE(S)  |   |                     |                      | _             |                                       |                        |                          | Fee Paid (\$)                         |  |  |
| Non-English Specification, \$130 fee (no small entity discount)  |   |                     |                      |               |                                       |                        |                          |                                       |  |  |
| Other: Submiss   | ion of Infor  | mation Disclo       | sure Statement       | (\$180.00)    |                                       | \$1                    | 80.00                    |                                       |  |  |
| Fee Cod  | e 1808 (\$13  | 0.00)               |                      |               |                                       | \$1                    | 30.00                    | \$310.00                              |  |  |
| SUBMITTED BY   |   |                     |                      |               |                                       |                        |                          | <del> </del>                          |  |  |
| Signature  | 1/1   | ^                   |                      | Registrati    |                                       |                        | Telephone 412-4          | 471-8815                              |  |  |
| Name (Print/Type)  | John W. Mc  | Ilvaine             |                      | (Automey      | Benty                                 |                        | Date Febru               | uary 4, 2005                          |  |  |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NO SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| Fees pursuant to the Cons  | olidated Appro                  | opriations Ace              | Ogs A.R. Esis      | \                       |                                   | Comp           | olete ij Known                 | e tj Known       |  |  |
| FEE TR   | ANSI                            | MIT/TA                      | AL S               | \$ <del>1</del> \       | tion Number                       | 10/669,7       |                                |                  |  |  |
| For  | r <b>FY</b> 2                   | 2004                        | EB 0 7.2005        | Filing D                |                                   |                | per 24, 2003                   |                  |  |  |
|  |                                 | 13                          |                    | <del></del>             | er Name                           | Ivars C.       | t SAVAGE                       |                  |  |  |
| Applicant claims s   | mall entity s                   | tatus. See                  | CFR 1.27 RADEMARK  | Art Uni                 |                                   | 1724           | Cintilis                       |                  |  |  |
| TOTAL AMOUNT O   | F PAYME                         | (\$) TV                     | MADE               |                         | y Docket No.                      | 1473-04        | 5379                           | -11.4E-10        |  |  |
| METHOD OF PAYM   |                                 |                             | /)                 | <del> </del>            |                                   |                | HEGE                           |                  |  |  |
|  | dit Card                        | Money C                     |                    | one                     | Other (please ide                 | entify):       | APR 0                          | 5 2005           |  |  |
| X Deposit Account  | Deposit Acc                     | count Number:               | 23-00              | 550                     | Deposit Account                   | t Name         | TC ·                           | 1700             |  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) |                                 |                             |                    |                         |                                   |                |                                |                  |  |  |
|  | fee(s) indicate                 |                             |                    |                         | Charge fee(                       | s) indicated l | below, except for the filing   | ; fee            |  |  |
| X Charge<br>Under 3  | any additional<br>7 CFR 1.16 ar | fee(s) or underp<br>nd 1.17 | payments of fee(s) |                         | X Credit any o                    | verpayment     |                                | ED               |  |  |
| WARNING: Information on information and authorizatio   | this form may                   | become public.              | Credit card infor  | mation should           | I not be included or              | n this form.   | Provide Credit Card            |                  |  |  |
| information and authorization  |                                 |                             | <del>_</del>       |                         | <u> </u>                          |                | APR 15 2                       | <del>305</del>   |  |  |
| 1. BASIC FILING, SI  |                                 | ND EYAMD                    | NATION FEE         |                         |                                   | -              | TO 470                         | · · ·            |  |  |
| 1. BASIC FILING, SI  |                                 | G FEES                      | SEARCH             |                         | EXAMINA                           | TION FEE       | ES TC 170                      | JU               |  |  |
|  | 5                               | Smail Entity                | Sm                 | all Entity              | <u>s</u>                          | mall Entity    | Y                              |                  |  |  |
| Application Type   | <u>Fee (\$)</u>                 | Fee (\$)                    | Fee (\$)           | Fee (\$)                | Fee (\$)                          | Fee (\$)       | Fees Paid                      | 1 (\$)           |  |  |
| Utility  | 300                             | 150                         | 500                | 250                     | 200                               | 100            |                                |                  |  |  |
| Design   | 200                             | 100                         | 100                | 50                      | 130                               | 65             |                                | ·····            |  |  |
| Plant  | 200                             | 100                         | 300                | 150                     | 160                               | 80             |                                |                  |  |  |
| Reissue  | 300                             | 150                         | 500                | 250                     | 600                               | 300            |                                |                  |  |  |
| Provisional  | 200                             | 100                         | 0                  | 0                       | 0                                 | 0              | <del></del>                    |                  |  |  |
| 2. EXCESS CLAIM I  | FEES                            |                             |                    |                         |                                   |                |                                | Small Entity     |  |  |
| Fee Description  |                                 |                             |                    |                         |                                   |                | _                              | ee (\$) Fee (\$) |  |  |
| Each claim over 20 or, for   |                                 |                             |                    |                         |                                   | riginal nat    |                                | 50 25<br>200 100 |  |  |
| Each independent claim Multiple dependent claim  |                                 | or Reissues,                | еаси шаеренае      | int cianni int          | ore man in the o                  | rigiliai pat   |                                | 60 180           |  |  |
| Total Claims   |                                 | a Claims                    | Fee (\$)           | Fee Paid                | <u>(\$)</u>                       | Multi          | iple Dependent Claims          |                  |  |  |
| - 20 or  | HP =                            | x                           | =                  |                         |                                   | Fee (          | (\$) Fee Paid (\$)             |                  |  |  |
| HP = highest number of t   | otal claims pa                  | id for, if greater          | than 20            |                         |                                   |                |                                |                  |  |  |
| Indep. Claims  |                                 | a Claims                    | Fee (\$)           | Fee Paid                | <u>(\$)</u>                       |                |                                |                  |  |  |
| - 3 or H HP = highest number of inde   |                                 | ns paid for, if gr          | eater than 3       |                         |                                   |                |                                |                  |  |  |
| 3. APPLICATION SI  |                                 |                             |                    |                         |                                   |                |                                |                  |  |  |
| If the specification   | and drawing                     |                             |                    |                         | ation size fee du (a)(1)(G) and 3 |                | (\$125 for small entity) 6(s). |                  |  |  |
| Total Sheets   | Extra S                         |                             |                    |                         | ional 50 or frac                  |                |                                | Fee Paid (\$)    |  |  |
| - 100  | =                               | / 50 =                      |                    | (round                  | up to a whole nur                 | nber)          | x=                             |                  |  |  |
| 4. OTHER FEE(S)  |                                 |                             |                    |                         |                                   |                |                                | Fee Paid (\$)    |  |  |
| Non-English Specification, \$130 fee (no small entity discount)  |                                 |                             |                    |                         |                                   |                |                                |                  |  |  |
| Other: Submission of Information Disclosure Statement (\$180.00) \$180.00                              |                                 |                             |                    |                         |                                   |                |                                |                  |  |  |
| Fee Cod  | e 1808 (\$13                    | 0.00)                       | -                  |                         |                                   | <u> </u>       | 30.00                          | \$310.00         |  |  |
| SUBMITTED BY   |                                 |                             |                    |                         |                                   |                |                                |                  |  |  |
| Signature  |                                 | <u> </u>                    |                    | Registrati<br>(Attorney |                                   | )              | Telephone 412-471              | -8815            |  |  |
|  |                                 |                             |                    |                         |                                   |                | Date February                  | y 4, 2005        |  |  |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NO SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.